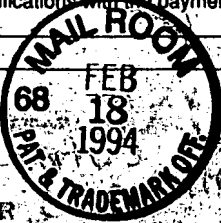


PART B—ISSUE FEE TRANSMITTAL

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1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
 ROBERT L. MINIER ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08903-7003	INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code <input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07838511	02/19/92	012	RAIMUND, C	11/18/93
First Named Applicant	MINIER			
TITLE OF INVENTION	STERILIZED HETEROGENEOUS BRAINS			
ATTYS. DOCKET NO.	CLASS/SUBCLASS	BATCH NO.	APPL. TYPE	SMALL ENTITY
3	ETH-782	606-281-000	367	UTILITY
FEE DUE	1170.00			
DATE DUE	02/18/94			

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no names are listed, no name will be printed.
07838511 07838511 07838511	Hal Brent Woodrow 170.00CH 30.00CA

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	6a. The following fees are enclosed:
(1) NAME OF ASSIGNEE: Ethicon, Inc. Recorded - 2/19/92, Reel - 6023	<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies (Minimum of 10)
(2) ADDRESS (CITY & STATE OR COUNTY): Somerville, N.J.	6b. The following fees should be changed to: 10-0750
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION: Ohio	DEPOSIT ACCOUNT NUMBER: 10-0750
A. <input type="checkbox"/> This application is NOT assigned.	(ENCLOSED PART C)
<input checked="" type="checkbox"/> Assignment is being previously submitted to the Patent and Trademark Office.	<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies (Minimum of 10)
<input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.	<input type="checkbox"/> Any Deficiencies in Enclosed Fees
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.
	(Signature of party in interest of record) 32,501 Hal Brent Woodrow (Date) 2/16/94
	NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
MAIL ROOM FEB 18 1994 TRADEMARK OFF. ROBERT L. MINER ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933-7003		INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code <input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/838,511	02/18/92	012	BAIMUND, C	1504 11/18/93
First Named Applicant: HUNTER				
TITLE OF INVENTION: STERILIZED HETEROGENEOUS BRAINS				

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL-ENTITY	FEE DUE	DATE DUE
3 ETH-782	606-231.000	567	UTILITY	NO	\$1170.00	02/18/94

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	1. Hal Brent Woodrow 2. 3.

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6. The following fees are enclosed:	
(1) NAME OF ASSIGNEE: Ethicon, Inc. Recorded 2/19/92 Reel-6023 Sheet 1 of 1 (2) ADDRESS: (CITY & STATE OR COUNTY) Somerville, N.J. (3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION: Ohio		6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies (Minimum of 10) 6b. The following fees should be changed to: 10-0750 DEPOSIT ACCOUNT NUMBER: (ENCLOSED PART C) <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies (Minimum of 10) <input type="checkbox"/> Any Deficiencies in Enclosed Fees	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment is being previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Signature of party in interest of record) 32,501 Hal Brent Woodrow (Date) 2/16/94 NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

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INVENTOR'S NAME	1. CORRESPONDENCE ADDRESS
INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE

Commissioner of Patents and Trademarks
Washington, D.C. 20231

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DATE MAILED	EXAMINING AND GROUP ART UNIT	TOTAL CLAIMS	FILING DATE	SERIES CODE SERIAL NO.
	no	16	February 16, 1994	
		(Date)		

(Signature)

Hal Brent Woodrow

(Typed or Printed Name)

Hal Brent Woodrow

DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE

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